



Report as of calendar day 30 after the first day of attendance

ANNUAL KINDERGARTEN IMMUNIZATION/HEALTH ASSESSMENT STATUS SCHOOL SUMMARY REPORT

County _____ School District _____

Name of School _____

Check one: ☐ Public ☐ Private ☐ Religious ☐ Charter ☐ Federal ☐ Other

Address _____

Street

City

Zip Code

Phone _____ FAX _____

Principal's Name (PRINT) _____

Principal's Signature _____

Admin Unit

Code

(may not apply for non-public schools)

School Code

Number

(may not apply for non-public schools)

Immunizations Summary

A. Total kindergarten enrollment: (A) _____

(A should equal B+C+D+E+F)

B. Number of students with valid Medical Exemptions (ME): (B) _____

(See definition on back)

C. Number of students with valid Religious Exemptions (RE): (C) _____

(See definition on back)

D. Number of students with complete immunization records on file: (D) _____

(Do not include ME/RE)

Each student must present an immunization record signed by a physician or local health department certifying that the student has received all the required vaccines

E. Number of students with no immunization record on file: (E) _____

F. Number of students who do not meet minimum immunization requirements: (F) _____

(Do not include ME/RE or students with no record on file)

This includes students past due and those in process of getting required vaccines.

Please report the number of vaccines the students listed in line F are missing in boxes G-L.

G.	H.	I.	J.	K.	L.
# of students who need a dose(s) of DTaP	# of students who need a dose(s) of Polio	# of students who need a dose(s) of MMR	# of students who need a dose(s) of Hib	# of students who need a dose(s) of Hep B	# of students who need a dose(s) of Varicella
#	#	#	#	#	#

M. Number of students who did not meet the minimum immunization requirements by the first day of attendance and were given 30 calendar days to meet requirements: (M) _____

Kindergarten Health Assessment (KHA) Summary (not mandatory for private schools)

N. Total number of kindergarten students enrolled for the first time: (N) _____

O. Total number of kindergarten assessments on file for first time enrollees: (O) _____

P. Total number of repeating kindergarten students with KHA forms on file: (P) _____

Q. Total number of students who have religious exemptions for assessments: (Q) _____

R. Total kindergarten enrollment for your school: (R) _____

(R should equal N + P and should be the same answer to A)

S. Total number of students not in compliance with this law: (S) _____

(S should equal R - (O + P + Q))



Annual Kindergarten Immunization/Health Assessment Status School Summary Report

Content

- PURPOSE:** The report is required by NC State Law [G.S. 130A-155(c)]. It records the immunization status of all kindergarten students enrolled in public and private schools each fall. It also records the health assessment status of all kindergarten students enrolled in public and charter schools. The report must be completed annually.
- PREPARATION:** To be completed by the principal or his/her designee. The immunizations should be reported as of calendar day 30 after the first day of attendance.
- DISTRIBUTION:** Each principal and his/her designee should return original reports to the district school superintendent and keep a copy for the school's files.
- By November 1st of each new school year, the school shall file the report with the Immunization Branch.
- All reports must be submitted online at the Immunization Branch website:
www.immunize.nc.gov/schools/air_k-12.htm
- DISPOSITION:** Each school must keep a copy of this document for at least one year.

Minimum Requirements at Kindergarten Entry

Vaccine	Number Doses Required	Vaccine	Number Doses Required
Diphtheria, tetanus and pertussis (DT/DTaP/DTP)	5 doses*	Rubella	1 dose
Polio	4 doses*	Haemophilus Influenzae type B (Hib)	4 doses*
Measles	2 doses	Hepatitis B (Hep B)	3 doses
Mumps	2 doses	Varicella	2 doses

*These vaccines have age related conditions that may affect the required number of doses.
Please see www.immunize.nc.gov/schools/k-12.htm for information.

Medical Exemption: G.S. 130A-156

A valid Medical Exemption requires a signed statement from a physician licensed to practice medicine in North Carolina. The statement must explain the specific reason why each vaccine is detrimental to the child's health and the length of time the exemption will apply. Place a copy of the exemption in the student's permanent file. Do not submit a copy of the Medical Exemption to the NC Immunization Branch.

Religious Exemption: G.S. 130A-157

A child may be exempt when the parent or guardian submits a written statement explaining that it is against their *bona fide* religious belief to have their child immunized. Place a copy of the exemption in the student's permanent file. Do not submit a copy of the Religious Exemption to the NC Immunization Branch.